

INSTRUCTIONS FOR COMPLETING OFI FORM 86C

GENERAL: Agencies use this form to request limited investigation, or checks, on persons in positions for which there is a special agreement with OPM that permits and specifies alternative procedures to meet investigative requirements. Complete all items on this form according to your agreement with OPM and using information obtained from the person to be checked or from documents provided by the person. **THIS FORM MUST BE TYPED.** Submit this form and any other documentation specified in the written agreement to:

OPM-FIPC
BOYERS, PA 16018

INSTRUCTIONS FOR SPECIFIC ITEMS

ITEM	INSTRUCTION																																																																																																																																		
1	The subject's FULL name must be given. If the subject is a "Jr.", "Sr.", "III", etc., enter the abbreviation in the box after the middle name. If the subject has initials only, enter each initial in the appropriate box. If the subject has no middle name, enter "NMN".																																																																																																																																		
2	Provide the month, day, and year of subject's birth. Example: Enter June 7, 1942 as: 06/07/42.																																																																																																																																		
3	<p>Subject's place of birth: Enter full name of city/town under CITY. Under COUNTY, give county if born in U.S. Using the Coding shown below, provide abbreviation for State if born in the U.S. or its territories. Provide country of birth under COUNTRY only if not born in the United States.</p> <p style="text-align: center;">CODING FOR STATES, DISTRICT OF COLUMBIA, AND U.S. TERRITORIES (ITEM 3)</p> <table border="0"> <tbody> <tr> <td>Alabama</td><td>AL</td><td>Hawaii</td><td>HI</td><td>Massachusetts</td><td>MA</td><td>New Mexico</td><td>NM</td><td>South Dakota</td><td>SD</td></tr> <tr> <td>Alaska</td><td>AK</td><td>Idaho</td><td>ID</td><td>Michigan</td><td>MI</td><td>New York</td><td>NY</td><td>Tennessee</td><td>TN</td></tr> <tr> <td>Arizona</td><td>AZ</td><td>Illinois</td><td>IL</td><td>Minnesota</td><td>MN</td><td>North Carolina</td><td>NC</td><td>Texas</td><td>TX</td></tr> <tr> <td>Arkansas</td><td>AR</td><td>Indiana</td><td>IN</td><td>Mississippi</td><td>MS</td><td>North Dakota</td><td>ND</td><td>Utah</td><td>UT</td></tr> <tr> <td>California</td><td>CA</td><td>Iowa</td><td>IA</td><td>Missouri</td><td>MO</td><td>Ohio</td><td>OH</td><td>Vermont</td><td>VT</td></tr> <tr> <td>Colorado</td><td>CO</td><td>Kansas</td><td>KS</td><td>Montana</td><td>MT</td><td>Oklahoma</td><td>OK</td><td>Virginia</td><td>VA</td></tr> <tr> <td>Connecticut</td><td>CT</td><td>Kentucky</td><td>KY</td><td>Nebraska</td><td>NE</td><td>Oregon</td><td>OR</td><td>Washington</td><td>WA</td></tr> <tr> <td>Delaware</td><td>DE</td><td>Louisiana</td><td>LA</td><td>Nevada</td><td>NV</td><td>Pennsylvania</td><td>PA</td><td>West Virginia</td><td>WV</td></tr> <tr> <td>Florida</td><td>FL</td><td>Maine</td><td>ME</td><td>New Hampshire</td><td>NH</td><td>Rhode Island</td><td>RI</td><td>Wisconsin</td><td>WI</td></tr> <tr> <td>Georgia</td><td>GA</td><td>Maryland</td><td>MD</td><td>New Jersey</td><td>NJ</td><td>South Carolina</td><td>SC</td><td>Wyoming</td><td>WY</td></tr> <tr> <td colspan="10"> </td></tr> <tr> <td>American Samoa</td><td>AS</td><td>District of Columbia</td><td>DC</td><td>Guam</td><td>GU</td><td>Northern Mariana Island</td><td>CM</td><td colspan="2"></td></tr> <tr> <td>Puerto Rico</td><td>PR</td><td>Trust Territory</td><td>TT</td><td>Virgin Islands</td><td>VI</td><td colspan="4"></td></tr> </tbody> </table>	Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD	Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN	Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX	Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT	California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT	Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA	Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA	Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV	Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI	Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY											American Samoa	AS	District of Columbia	DC	Guam	GU	Northern Mariana Island	CM			Puerto Rico	PR	Trust Territory	TT	Virgin Islands	VI				
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4	Provide the subject's Social Security Number.																																																																																																																																		
5	To the extent information is available, list all other names the subject was known by or is now using. If the subject is female, and is or was married, include maiden name, and other married names if married more than once. Provide beginning and ending dates for use of each name. Identify maiden name with "NEE".																																																																																																																																		
6	Check the appropriate box to specify sex as MALE or FEMALE.																																																																																																																																		
7	List the Special Agreement codes provided in the written agreement with OPM.																																																																																																																																		
8	Give subject's position title.																																																																																																																																		
9	Give your Submitting Office Number (SON), assigned by OPM.																																																																																																																																		
10	Give your Security Office Identifier (SOI), assigned by OPM-FIPC.																																																																																																																																		
11	Enter your agency's ALC (Agency Location Code) assigned by Treasury for use in the OPAC (On-line Payment And Collection) billing system (formerly SIBAC).																																																																																																																																		
12	You may enter your agency data for internal use. Up to 25 characters may be entered in this block. (The information you enter will be printed on documents used to close the case to your agency.) If your agency does not need this information, leave the block blank.																																																																																																																																		
13	Provide any other information required by the agreement with OPM. The format and content of the data must be exactly as specified in the agreement.																																																																																																																																		
14	Type the requestor's Name, Title, Phone Number, and Date. Form must be signed.																																																																																																																																		

SPECIAL AGREEMENT CHECKS (SAC)

Agency Agreement Number	94-01	OPM USE ONLY	OPM Codes	Case Number					
AGENCY USE ONLY (COMPLETE ITEMS 1 THROUGH 14 USING INSTRUCTIONS FROM THE BACK)									
1 SUBJECT'S FULL NAME				2 DATE OF BIRTH					
Last Name		First Name		Middle Name	Abbrev.	Month	Day	Year	
3 PLACE OF BIRTH (Use the two letter code for the state)				4 SOCIAL SECURITY NUMBER					
City		County		State	Country (If not in the United States)				
5 OTHER NAMES USED AND DATES WHEN USED									
Name		Month/Year	Month/Year	Name		Month/Year	Month/Year		
		To				To			
Name		Month/Year	Month/Year	Name		Month/Year			
		To				To			
6 SEX (mark one box)		7 SPECIAL AGREEMENT CODES		8 POSITION TITLE					
<input type="checkbox"/> Female <input type="checkbox"/> Male		R							
9		10		11		12 ACCOUNTING DATA			
SON		SOI		OPAC-ALC NUMBER		1 3 0 6 0 0 0 1			
13 OTHER INFORMATION REQUIRED BY AGREEMENT									
Month/Year		Month/Year	Street Address		Apt.#	City (Country)		State	Zip Code
#1		To							
Month/Year		Month/Year	Street Address		Apt.#	City (Country)		State	Zip Code
#2		To							
Month/Year		Month/Year	Street Address		Apt.#	City (Country)		State	Zip Code
#3		To							
Month/Year		Month/Year	Street Address		Apt.#	City (Country)		State	Zip Code
#4		To							
Month/Year		Month/Year	Street Address		Apt.#	City (Country)		State	Zip Code
#5		To							
Month/Year		Month/Year	Street Address		Apt.#	City (Country)		State	Zip Code
#6		To							
Month/Year		Month/Year	Street Address		Apt.#	City (Country)		State	Zip Code
#7		To							
Requesting Official Name and Title			Signature			Telephone Number (Including area code)		Date	